Tab 6



MARKET		
Job Change Form		
This form is for recording a change in job code, pay rate, team or department, and level or status. Please complete only the applicable sections. Please fax this form to Global Payroll when complete.		
Team Member Name (Print): Decell Meynass Team Member ID # 1 1 8 6 9 15		
Team Member's Home Location (e.g. 10145/LMR): 1 0 1 6 1 1 1 E 2		
Job Code Change Effective Date 9 120 11 (Must be effective for the entire pay period)		
Write in a new Job Code and circle a Benefit Category (PRSH) if applicable.		
New Job Code 51 86 (see Job code listing in PBS Manual) Effe	ective Date//	
Benefit Category (is this a promotion?) BC1 / BC2 / BC3 / BC4 / BC5	ective Date//	
Pay Rate Change Effective Date (Must be effective for the entire pay period)		
Reason for Change:		
☐ Job Dialogue ☐ Job Reclassification ☐ Market Adjustment ☐ Promotion		
, ,		
Current Hourly Rate (\$) 11-13 New Hourly Rate (\$) 12.00 A Hourly/ Non-Exempt -or- Salary/ Professional?		
☐ Team and Department Change(s) (NOTE: For Team and Department changes within location only! Use "Transfer Form" for transfer	rs between locations)	
Effective Date/(Must be effective for the entire pay period)		
Current Team New Team		
Current DepartmentNew Department		
☐ Team Member Level and Status Change(s) (NOTE: Please complete only the information that is changing)		
Team Member (Be sure to check your GIG for all Team Member regulrements and PRSH.)		
Date of Team Member Vote/		
Full/Part time Status (Please Circle One, Check with PBS for applicable PT/FT status) PT / PT20 / FT / PTSN / FTSN Effective Date/(Must be	offeether for the autim very reducti	
/ (must be	e enecuve for the entire pay periody	
Team Member Signature: Dull way roll	Date: 9-14-2011	
Team Leader Signature:	Date: 9-19-2011	
Additional Signature (if required):	Date:	

Rev. 8/1/11 TMS-CQN

MS Word/Page 1 of 1



Job Change Form

This form is for recording a change in job code, pay rate, team or department, and complete only the applicable sections. Please fax this form to Global Payroll v	level or status. Please vhen complete.	
Team Member Name (Print): DERCIC MENALD Team Member ID#1186915		
Team Member's Home Location (e.g. 10145/LMR): 10161 / 150		
Job Code Change Effective Date OS 127 / 203(Must be effective for the entire pay period)		
Write in a new Job Code and circle a Benefit Category (PRSH) if applicable.		
New Job Code 5 5 3 2 (see job code listing in PBS Manual) Effect	ive Date <u>05 27 121013</u>	
Benefit Category (is this a promotion?) BC1 / BC2 / BC3 / BC4 / BC5	ive Date//	
Pay Rate Change Effective Date// (Must be effective fix Retro Pay Period date// (if current pay period date//	or the entire pay period) od, no retro date needed)	
Reason for Change: Job Dialogue Job Reclassification		
☐ Market Adjustment ☐ Promotion		
Current Hourly Rate (\$) 14,00 New Hourly Rate (\$) 12,13 New Hourly Ra		
Team and Department Change(s) (NOTE: For Team and Department changes within location only! Use "Transfer Form" for transfers between locations)		
Effective Date/(Must be effective for the entire pay period)		
Current Team New Team	The state of the s	
Current Department New Department	·	
☐ Team Member Level and Status Change(s) (NOTE: Please complete only the information that is changing)		
Team Member (Be sure to check your GIG for all Team Member requirements and PRSH.)		
Date of Team Member Vote//		
Full/Part time Status (Please Circle One. Check with PBS for applicable PT/FT status) PT PT20/ FT / PTSN / FTSN Effective Date 05 / 29 / 20/3 (Must be el	ffective for the entire pay period)	
Team Member Signature:	Date: 674-2013	
Team Leader Signature: / / / / / / / / / / / / / / / / / / /	Date: $\frac{5/2/13}{}$	
Additional Signature (if required):	Date:	
MS Word/Page 1 of 1	Rev. 8/1/11 TMS-CQN	